


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90070 047 \*\*\*\*61.25

<b>DOCUMENT # N95000001591</b>					
1. Entity Name MID-FLORIDA CERAMIC GUILD, INC.					
Principal Place of Business 21707 QUEEN MARY CT LEESBURG, FL 34748			Mailing Address 21707 QUEEN MARY CT LEESBURG, FL 34748		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01042007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3316223				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUELLER, JOYCE 21707 QUEEN MARY CT LEESBURG, FL 34748			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Joyce Mueller</u>		<u>Joyce Mueller</u>		DATE <u>15 March '07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORWITZ, DEE		NAME		
STREET ADDRESS	5372 ELM CT.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLOGSTON, SUE		NAME	Doris DEWEY	
STREET ADDRESS	5223 E KALEY STREET		STREET ADDRESS	5913 BAG PIPE Place	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GABRIEL, PHYLLIS		NAME	ELAINE Young	
STREET ADDRESS	8103 POWELL DRIVE		STREET ADDRESS	2445 EASTBROOK Blvd	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, ALDA		NAME		
STREET ADDRESS	310 E NOTRE DAME DR		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, DOROTHY		NAME		
STREET ADDRESS	637 W HARDING ST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEARSON, MARIE-THERESE		NAME	Peggy DiLena	
STREET ADDRESS	21522 KING HENRY AVE.		STREET ADDRESS	5902 Banty Circle	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Tavares, FL 32778	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Dee Horowitz</u>		<u>DEE HORWITZ</u>		DATE <u>3/1/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <u>4072561807</u>	

